



Dallas County Conservation Board

14581 K Avenue
Perry, IA 50220
515-465-3577

conservation@dallascountyiowa.gov
www.dallascountyiowa.gov/conservation

Volunteer Application

There are many opportunities for individuals to volunteer for the Dallas County Conservation Board throughout the year. To help us match your skills and availability with our needs, please fill out the following information and check your areas of interest, circling any items of particular note.

Availability: _____ Weekly _____ Monthly _____ Quarterly _____ One-time events
_____ Indoor _____ Outdoor
_____ Spring _____ Summer _____ Fall _____ Winter

Areas of Interest:

_____ **Event and Programming Assistant:** Be involved in hosting and supporting large programs and special events like the Prairie Awakening Celebration, River Clean-ups, RRV Trail events, Free Fishing and others.

_____ **Natural Resources Management:** Habitat restoration (i.e., seed collecting/cleaning/planting, brush/invasive species removal et al), trail creation/maintenance, bird monitoring (various species), water quality monitoring/clean-up.

_____ **Office Assistance:** Assist with newsletter mailings.

_____ **Raccoon River Valley Trail:** Assist with monitoring, clean-up, trimming, special trail programs/events, trailhead beautification and maintenance, etc.

_____ **Museum Support:** Staff museums and greet visitors (summer weekend and holiday afternoons), library cataloging, collections care, historical recordings and transcriptions, archeology digs, garden maintenance.

_____ **Other:** Please specify _____

Name: _____

Address: _____

City, State, Zip: _____

Telephone & Email: _____

Emergency Contact: _____ **Emergency Phone:** _____

I hereby volunteer my service as described above to assist the Dallas County Conservation Board and understand that I will not receive any compensation.

Compliance Agreement: This acknowledges that I have read (online or at office) and am familiar with the requirements of the Safety Policy Handbook. I agree to abide by all provisions of said Safety Policy Handbook.

Signature of Volunteer

Date

For Office Use
NVCA _____
OSBC _____
SPH _____



APPLICANT DISCLOSURE AND AUTHORIZATION FORM

**[IMPORTANT -- PLEASE READ CAREFULLY
BEFORE SIGNING AUTHORIZATION]**

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

[Employer] ("The Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history including current position, worker's compensation injuries, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report conducted by **[One Source The Background Check Company, PO Box 24148, Omaha, NE 68124, 1.800.608.3645, www.onesourcebackground.com]**. The scope of this notice and authorization is all-encompassing; however, allowing the Company to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

PLEASE PRINT LEGIBLY

Last Name: _____ First Name _____ Middle _____

Other Names/Alias: _____

*Social Security #: _____ *Date of Birth (MM/DD/YYYY): _____

Driver's License #: _____ State of Driver's License: _____

Present Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

All Previous Addresses in the Last Seven Years

Signature: _____ Date: _____

*This information will be used for background screening purposes only and will not be used for any other purpose.

Non-Statutory Volunteer Coverage Application

Coverage valid for fiscal year July 1, _____ through June 30, _____ (Please indicate years)

This application is to be completed by the department supervisor, with signatures from the volunteer before beginning work. If the volunteer is under age 18, the signature of a parent/guardian is also required. Please retain a copy for your records and for audit reporting purposes. NOTE: This application is good for one fiscal year. If work extends into the next fiscal year (beyond June 30), a new application must be completed for coverage to be in effect.

Today's Date _____

City/County/Entity Name _____

Volunteer Name _____

Volunteer assignment _____

Date work begins _____ Date work terminates (or indicate ongoing) _____

Supervisor should review the following with each volunteer:

- ☐ Safety rules and enforcement procedure
- ☐ Proper use of tools and equipment
- ☐ Proper work shoes and other personal protective equipment
- ☐ Special hazards of assignment
- ☐ Department emergency procedures

Additional comments/notes _____

Department supervisor's signature _____ Date _____

I certify that I have reviewed all of the above safety policies and procedures with the department supervisor and acknowledge receipt of a copy of this application.

Volunteer's signature (if under 18, parent or guardian must also sign) _____ Date _____

Release and Waiver of Liability

The undersigned acknowledges and agrees as follows:

- A. The undersigned has offered to provide certain work or services to the Member and the status of the undersigned while performing such work or services is that of a non-statutory volunteer (hereinafter "volunteer").
- B. The volunteer is not considered an employee of the Member and is not entitled to any benefits under the Iowa Workers' Compensation Law for injury incurred while providing work or services regardless of the cause of the injury.
- C. The Member has purchased a limited amount of excess insurance to cover any medical expenses incurred by the volunteer

as a result of injury incurred while the volunteer is providing such work or services, and the payment of these medical expenses is to be made in accordance with the terms of the *Description of Benefits* attached to this application.

- D. The volunteer specifically waives the right to any other benefits, reimbursements or damages as a result of injuries which the volunteer may incur while providing such work or services.
- E. The volunteer specifically releases, waives and covenants not to sue the Member and/or IMWCA for injury or death caused by the negligence of other volunteers or of officers, agent representatives or employees of the Member which may occur while the volunteer is performing such work or services for the Member.

The undersigned has read and voluntarily signs the release and waiver of liability and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Volunteer's signature (if under 18, parent or guardian must also sign) _____ Date _____